

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Marco Rubio for President

A. Full Name (Last, First, Middle Initial)

MARY JANE JANE HAMMOND

Mailing Address 12117 CREEKHAVEN DR.

City

DES PERES

State

MO

Zip Code

63131-3824

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Transaction ID : SA17.791336

Date of Receipt

M M / D D / Y Y Y Y
05 / 31 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

200.00

B. Full Name (Last, First, Middle Initial)

MR. R. STEVEN HAMNER

Mailing Address 100 URBAN CENTER DRIVE SUITE 501

City

BIRMINGHAM

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer

MEDICAL PROPERTIES TRUST

Occupation

E.V.P. / C.F.O.

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Transaction ID : SA17.775126

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

MISS LEIGH HAMPTON

Mailing Address PO BOX 1608

City

LAKELAND

State

FL

Zip Code

33802-1608

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

CATTLE RANCHER

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3100.00

Transaction ID : SA17.748773

Date of Receipt

M M / D D / Y Y Y Y
05 / 04 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

2700.00

Subtotal Of Receipts This Page (optional).....

3900.00

Total This Period (last page this line number only).....